

Department of State Police
Office of Alcohol Testing
31 Macarthur Avenue
Devens, Massachusetts 01434
Tel. 978.392.4050 Fax 978.392.4030

**RETROGRADE EXTRAPOLATION
REQUEST FORM**

Date of Request:		Court Date*:	
ARREST INFORMATION			
Defendant: (Last, First, MI)		Charges:	
Arresting Dept:		Date of Arrest:	
Court Location:		Docket No:	
<i>NOTE: Attach a copy of the Police Report AND the Implied Consent Report Form or the Hospital Laboratory Result</i>			
REQUESTED BY			
Name:			
Telephone:		Fax:	
Email:			
Agency:			
Address:			
City:		State:	
		Zip:	

Cases will not be assigned and reports will not be issued until a court date has been provided.

